

666623159 1.30.13

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 01/23/2013

Voucher Vchr VchrlneDescr

Distr Account

Account

Fund

VendorName

1099

Accounting Period

PurchaseOrder Invoice Number

Total Amount

Number

Line

Line#

Description

Fund

VendorName

1099

Accounting Period

PurchaseOrder Invoice Number

Total Amount

00323001 1 I/S meals & lodging

1 542200

Employee I/S Meals & L 06101

NASH GAYLB-001

2013

01

0000097249 1

520.00

Total For Voucher

520.00

CD

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
Voucher ID: 00323001
Voucher Style: Regular
Invoice Number: 1
Invoice Date: 01/18/2013
Total: 520.00

Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502
***Pay Terms:** Pay Now **Schedule Payments**
Saved

Payment Information		Find View All		First 1 of 1 Last	
Scheduled Payment: 1					
*Remit to:	0000099443	Gross Amount:	520.00	USD	
Location:	001	Discount:	0.00	USD	Discount Denied
*Address:	1	Late Charge			
NASH, GAYLE C 1190 ST FRANCIS DR N 4100 SANTA FE, NM 87502		Scheduled Due:	01/18/2013		
		Net Due:	01/18/2013		
		Discount Due:			
		Accounting Date:			
Payment Method					
*Bank:	WFB10	Pay Group:			
*Account:	B	*Handling:	RE		
*Method:	ACH ACH	*Netting:	N		
Message:					
Message will appear on remittance advice.					

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: 1
Voucher ID: 00323001 Invoice Date: 01/18/2013
Voucher Style: Regular Total: 520.00

Voucher Processing

☒ Post Voucher Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross

Match Action

*Status: Ready
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD  Rate Type: CRANT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 1 DATE 1/11/2013

AGENCY CODE 66500 VOUCHER NUMBER 00323001

NAME

Gayle Nash

CAR LICENSE NUMBER

1768

POST OF DUTY

Las Cruces

PROPOSED

(ADVANCE VOUCHER)

VENDOR NUMBER

99443

MODEL

Nissan

RESIDENCE

REG. WORK DAY

8:00 AM THRU 5:00 PM

YEAR

2011

Las Cruces

ACTUAL

(RECOUPMENT VOUCHER)

DATE

TIME: SHOW AM OR PM

CHARACTER OF EXPENDITURES

ODOMETER MAP MILES

ENTER START & FINISH

NO. OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

AMOUNTS

1/7/2013

6:00am

6:00pm

Depart Las Cruces to ABQ overnight* trip cont. to Santa Fe

Overnight Santa Fe Santa Fe rates apply*

Overnight Santa Fe Santa Fe rates apply*

Overnight Santa Fe Santa Fe rates apply*

Depart Santa Fe to Las Cruces, part day per diem-12.0 hrs

Meat with other staff
- Casual Security

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New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:		Meetings in Santa Fe and ABQ for Governing Boards			
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	01/04/13	Destination:	ABQ, Santa Fe		
	Departure Date: (month/day/yr)	01/07/13	Time:	06:00 AM	Return Date: (month/day/yr)	1/11/13
			Time:	06:00 PM		
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 520.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 520.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Gayle Nash 1-15-2013
Employee Signature Date

Supervisor/Bureau Chief Signature Date

Division Director/Hospital Administrator Date
(As per specific division requirements)

Blanca Maldonado 1/18/13
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)